## 114000098464

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SECRETARY OF STAIL

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BONANZA AMERICAN Name of Limited Liability Company	rica, UC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LEON STY Name of Person	PAK
Finn/Company	
BONANZA A HE Finn/Company  5851 5 W 2  Address	1ST. STREET
WEST PARK, FL	33013
INFOR BONANZAAHE E-mail address: (to be used for future an	ĭ°°
For further information concerning this matter, please call:	
LEON SMAK at (954) Name of Person Area Code	6/3 7367 Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGÁNIZATION OF The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number 14000098464 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida j Cil New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to m from our records:	anage, <u>enter the titl</u>	e, name, and address of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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	ending any other information, enter change(s) here: (	much additional sneets, if necessary.)	
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E. Effect	ive date, if other than the date of filing:	(optional)	5 0207 (
Note:	If the date inserted in this block does not meet the applicable tent's effective date on the Department of State's records.	statutory filing requirements, this date will not be list	ed as t
	2		
If the red	tord specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlie	er of:
	90th day after the record is filed.		
Dated	FEBRUARY 26, 2018		
	FEBRUARIA 26, 2018	- :	
	Signature of a member or authorize	Herepresentative of a member	
		·o	
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	i yped or printed na	mic on signec	

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Filing Fee: \$25 00